

2005 White House Conference on Aging Solutions Forum on Mental Health & Aging in Illinois

April 21, 2005

**Marriott Chicago Schaumburg
Schaumburg, Illinois**

Summary Report

Call to Order and Introductions

Alejandro Aparicio, MD, Director, Division of Continuing Physician Professional Development, American Medical Association and Member of the 2005 White House Conference on Aging Policy Committee opened the Solutions Forum at 8:00 a.m. Mike O'Donnell, President of the Illinois Coalition on Mental Health & Aging introduced the other members of the hearing panel including Charles D. Johnson, Director, Illinois Department on Aging, and Christopher Fichtner, MD, Director, Division of Mental Health, Illinois Department of Human Services. Dr. Aparicio thanked the Illinois Department on Aging and the Illinois Coalition on Mental Health & Aging for hosting and planning the Solutions Forum in conjunction with the Fifth Annual Illinois Mental Health and Aging Conference.

Attendance – 54 persons signed the registration forms as attending the Solutions Forum.

CART Reporting – The Illinois Department on Aging arranged for a CART Reporter to provide Communication Access Realtime Translation services. The CART Reporter produced the text of the Solutions Forum which served as a rough draft for the Summary Report.

Opening Statement

Dr. Aparicio presented opening remarks on behalf of the WHCOA Policy Committee. He stated that the purpose of the White House Conference on Aging is to make policy recommendations to the President and the Congress which will help guide national aging policy for the next ten years and beyond. He noted this is an awesome responsibility and stressed the importance of input from the public. He stated, "Planning for longevity is not something the national government can or should undertake alone. The first conference on aging of the 21st Century occurs at a time of unprecedented aging of our country. We have the largest number of individuals 65 years of age and older than at any other time in our country's history. We also have 78 million baby boomers that will begin turning 60 in 2006- eight months from now. This makes it essential that we focus on the aging of today and tomorrow to ensure that our nation is prepared to address the challenges and opportunities that accompany them. And, we know that many older individuals now experience mental health problems that affect their quality of life." He assured the participants that their recommendations would be given full consideration by the Policy Committee.

Overview of Evidence-Based and Best Practices in Illinois

1. Charlotte Kauffman, MA, Liaison for Adult Services, Illinois Department of Human Services, Division of Mental Health described the Gero-Psychiatric Initiative in three planning and service areas: Midland Area Agency on Aging (Area 9), Southeastern Illinois Area Agency on Aging (Area 10) and the Egyptian Area Agency on Aging (Area 11). The initiative funded by the DHS Division of Mental Health promotes systems integration, mental health services and consultation, and training and education in 27 counties. The initiative employs Gero-Psych Specialists who meet the state certification requirements as qualified mental health professionals and have at least two years experience in providing direct services to persons 60 years of age and older with mental health needs. The Specialists are based at three community mental health centers. They enhance mental health and aging staff competencies in geriatric mental health and increase integration and responsiveness of the mental health system for older adults. The Gero-Psych Specialist has direct access to a psychiatrist who is board certified in the provision of psychiatric services for older adults for a minimum of ten hours a month. Local coordinating councils have been established for all 27 counties in this pilot project. These councils include representatives from primary healthcare, consumers, mental health agencies, Area Agencies on Aging, and senior centers. The primary purpose of these councils is to educate key stakeholders regarding services available, the process for accessing services, and identifying strategies for improving services.
2. Lee Fraser, MA, RN, C, Coordinator of the Geriatric Services, Chestnut Health Systems, presented the essential components of successful best practice program serving older adults in Madison County, Illinois. First and foremost is the development of an effective infrastructure comprised of multiple partners from across a continuum of health, mental health and aging programs. Next, effective programs must address the prevention and educational needs of consumers to help them care for themselves effectively. All the evidence gathered so far tells us that given the right amount of support and information, older persons can and do make the necessary changes for safe and enjoyable living. Additionally a provider cross-training program ensures that the staff of these programs are able to offer state-of-the-art services with the full knowledge of what comprises normal aging, and what is pathological and in need of mental health and primary care assistance. It is most important that consumers and their families know where to seek help. The most essential component is an outreach model. Logistical and mobility limitations impact the older person's ability to access care. Best practice programs must have access to trained physicians who are credentialed in the area of geropsychiatry and who see themselves as partners in a multi-disciplinary model of care. Many programs across the state have waited years to find such trained physicians and upon securing their services are better able to assess and treat older adults. They can effectively reach primary care physicians who are entrusted with the regular care of older adults. With the support of qualified professionals, these programs can incorporate treatment modalities that are clinically proven to be effective. In addition, programs must be able to reach the needs of diverse populations in urban and rural settings. There must be sustainable funding sources from multiple funding streams. And lastly, there must be the assurance of portability across the health and living continuum. With the proper legislative enthusiasm, mandates, at both the federal and state levels, and the necessary appropriations needed, this model for systems integration can serve as a template for future services in many areas of our state and across our country.

3. Charlotte Kauffman described the role of the Advisory Committee on Geriatric Services in the Division of Mental Health. The Advisory Committee focuses efforts on the assessment of the mental health needs of the elderly and the identification of model programs, best practices, and staff competencies. The Division of Mental Health also works closely with the Illinois Department on Aging to increase training opportunities in the field, to improve the quality and accessibility of services for older persons with mental illness and enhance networking, collaboration, and coordination of programs and services in provider networks. The Division of Mental Health coordinates a Task Force on Systems Integration comprised of representatives from the Division of Mental Health and the Department on Aging to communicate service resources, leverage direct services for older adults, and advise the departments on service gaps and solutions. The Division of Mental Health and the Midwest Geriatric Education Center have collaborated on a Mental Health and Aging Training Manual which covers major topics on mental health for older adults. Janet Severance, editor of the Manual will present testimony later in the Forum.

Mental Health and Systems Integration Projects in Areas 09, 10 and 11.

1. Deborah Kuiken, Executive Director, Midland Area Agency on Aging in Centralia, Illinois described the Mental Health and Systems Integration (MHASI) Projects in three planning and service areas: Midland AAA (Area 09), Southeastern Illinois AAA (Area 10), and Egyptian AAA (Area 11). She identified three major issues addressed: (1) systems integration, (2) mental health services and consultation for older adults and their families, and (3) training and education to professionals in the mental health and aging networks and healthcare providers including primary care physicians. She identified solutions to problems and barriers facing the project. To overcome initial resistance to collaboration, the project secured grants from the Illinois Department of Public Health's Office of Women's Health to conduct a Southern Illinois Mental Health and Aging Conference and seminars for professionals in the mental health and aging networks. As a result agencies in both networks identified specific persons to coordinate services for older adults. These professionals worked together to develop procedures for referrals, follow-up, information exchanges, confidentiality, and conducting joint home visits. The project developed a behavioral health indicator checklist providing trigger points to assist case managers and mental health professionals. The behavioral health checklist has been included in a uniform, comprehensive case management assessment tool to be used by case managers statewide.
2. Linda Warner, Gero-Psych Specialist, Heartland Human Services, Effingham, Illinois, noted there are only 2,600 psychiatrists in the U.S. who are board certified in geriatrics. The success of the MHASI projects in southern Illinois can be attributed in part to the collaboration between the Gero-Psych Specialists and geriatric psychiatrists serving their regions. These teams are able to develop comprehensive treatment plans for older adults. Treatment plans included educating the clients and their families about mental illness, treatment options, and available resources. Linda recommended providing incentives and encouragement for more psychiatrists to specialize in geriatrics. She recommended that Medicare and private insurance reimburse mental health services on par with other health care services. She called for more training for primary care physicians in mental health. She encouraged medical schools to increase training in identifying and treating mental illness. She also called for master's programs in social work and counseling to include course work in gerontology.

3. Roberta Williams, Gero-Psych Specialist, Franklin-Williamson Human Services testified that the MHSAI project serving the southern-most counties in Illinois identified a critical service gap in the lack of substance abuse treatment for older adults, including: (1) low or no reimbursement for medical detox for older adults, (2) a high need of medical detox for older adults with co-occurring disorders, (3) uncertainty about who should provide medical detox for older adults, (4) lack of education among service providers about aging and substance abuse disorders, (5) lack of identification and assessment of substance abuse problems and older adults, (6) stigma and ageism, (7) lack of residential programs for older adults, (8) resistance of older adults to accepting treatment, (9) lack of outreach in rural areas, and (10) complications due to other medical conditions. Roberta called for long term development and collaboration to build relationships between aging network, behavioral health care and substance abuse treatment professionals. She called for more professional education to increase access to competent services. She recommended making substance abuse treatment among the elderly a priority. She called for increased outreach and community-based services for older adults with co-occurring disorders. She called for funding and reimbursement for in-home mental health services and medical detox programs.
4. Janet Severance, Ph.D., Coordinator of the Midwestern Geriatric Education Center, presented the Mental Health and Aging Manual for Illinois. The manual, written by Gero-Psych Specialists from the MHSAI projects, is designed to provide cross-training for professionals in the aging network and the behavioral healthcare field to improve access to services for older adults. The manual will be made available in conjunction with training sessions conducted in Illinois. The manual will also be available on the website of the Midwestern Geriatric Education Center, <http://midgec.midwestern.edu>.

Mental Health and Aging Initiative in Madison County (Area 08)

1. Marcia Wickenhauser, Executive Director, Madison County Mental Health Board described their record of supporting cross-training and education for professionals serving older adults and funding gero-psycho specialists. The 708 Board provides funds for 3.5 FTE gero-psych specialists from multiple disciplines sponsored by three partnering agencies serving Madison County. The specialists work in cooperation with other qualified mental health professionals. The project provides outreach to clients and counseling to caregivers. The program in Madison County has received national recognition.
2. Ruth Waeltz representing the Area Agency on Aging of Southwestern Illinois cites collaboration and coordination as the keys to success of the mental health and aging program in Madison County. The program has fostered mutual respect and understanding among professionals in mental health and aging. The Area Agency on Aging has been a partner in the development of the program in Madison County for ten years, blending federal, state, and local funding sources and coordinating efforts among agencies.
3. Stacy Rhodes, Gero-Psych Specialist from the Community Counseling Center testified about their effective collaboration with Chestnut Health Systems through a professional multi-disciplinary team comprised of gerontologists, registered nurses and social workers in conjunction with other qualified mental health professionals. Teamwork enables providers to make appropriate referrals in early intervention and promote the emotional, psychological, and social well-being of older adults. The team offers supportive counseling through regular home visits, intensive case management and access to psychiatric consultation and evaluation as needed. The program has grown from serving 700 older adults in 2000 to 1,505 older persons in 2004.

Building Coalitions on Mental Health and Aging in East Central Illinois (Area 05)

1. Mike O'Donnell, Executive Director of the East Central Illinois Area Agency on Aging and President of the Illinois Coalition on Mental Health & Aging offered the following policy recommendations: (1) enact mental health parity legislation to end discrimination by the insurance industry to provide equitable coverage for mental health conditions; Congress should begin by requiring parity in Medicare coverage for mental health services, (2) increase the supply of qualified mental health professionals, (3) provide more training in geriatric mental health for professionals in behavioral health care, (4) reauthorize the Older Americans Act, increase funding authorization levels for all titles of the Act, and permanently authorize aging and disability resource centers, (5) increase authorizations for OAA Title IIID to \$50 million to support mental health services, medication management and suicide prevention, and (6) increase CDC funding for suicide prevention programs to prevent suicides across the lifespan. Mike described the efforts of ECIAAA to develop mental health and aging coalitions in 9 of their 16 counties to promote public awareness, dispel myths, promote depression screening, improve access to services, build teamwork among professionals in both networks, and promote suicide prevention efforts.
2. Faye Townsend from Bloomington, Illinois shared her experience with bipolar disorder since her initial diagnosis in 1967, her perspectives as a consumer of mental health services, a parent of an adult child with bi-polar disorder, and as president of the NAMI Chapter of Livingston and McLean Counties. She described NAMI's Family to Family program to promote understanding of mental illness among family members and expressed her personal expectations for coping with mental illness in later life.
3. Sheila Greuel, Case Manager with Moultrie County Counseling Center described their search for public and private funds to support mental health services for older adults including a one-year grant from the Retirement Research Foundation for their senior support program. The program offers mental health assessments, counseling and case management for older adults and caregivers in the home, long term care facilities, in the office and at the senior center in Sullivan. Sheila cited a case involving a 79 year old man with multiple health problems including severe depression. With the help of their program, the client is managing these health conditions effectively and living independently at home. Sheila noted that the next generation of older adults will be more accepting of mental health care and will seek help in greater numbers. Their service needs will be more demanding and illness-specific. They will want and expect Medicare and private insurance to cover their psychotropic medications and treatment. They will expect their hospital stays for mental illness to be covered appropriately and they will access their community mental health centers for services. The capacity of the current system is inadequate. Community-based services must be funded and expanded to meet this demand today and tomorrow.
4. Tami Wacker, Regional Ombudsman with the East Central Illinois Area Agency on Aging, addressed the mental health needs of 10,063 residents of 129 facilities in their 16-county area. She stated that their needs are often forgotten by the community and they need a voice. She described the role of the Ombudsman in educating local coalitions on mental health and aging about the mental health needs of residents and emerging "Pioneer" practices that can effectively change the culture of long term care facilities to improve the care of the residents and their quality of life.

Building the Illinois Coalition on Mental Health & Aging in Northern Illinois

1. Carol Hartmann, Community Liaison, Alexian Brothers Behavioral Health Hospital in Hoffman Estates, Illinois spoke on behalf of the Northern Caucus of the Illinois Coalition on Mental Health & Aging. The Northern Caucus has sponsored monthly meetings for professionals in the mental health and aging networks. Meetings have averaged 75 attendees with participants from as far as Kankakee to the Wisconsin border, from Rockford to Chicago. Participation has grown with every meeting. The Northern Caucus has arranged speakers on topics including depression in later life, mental health and geriatrics, suicide, and gambling addiction in the older adult. The Northern Caucus hopes to expand these educational sessions to remove stigma and improve access to mental health services.
2. Mary Ellen Kelly, Director of Operations for Harbor Senior Concepts and co-partner with Carol Hartmann in coordinating the efforts of the Northern Caucus, expressed her personal and professional concerns for older persons and families experiencing mental illness. She called for more education to “lift the veil of ignorance and prejudice regarding mental illness” and for merging advocacy and research to help persons with mental illness and their families. She shared the following quote from Mother Theresa: “Few people do great things, but all people can do small things with great love.”

Addressing Self-Neglect and the Older Adult

Pauline Richter, MA, Counseling Center of Lakeview in Chicago, representing the Geriatric Advisory Committee to the DHS Division of Mental Health, addressed the issue of self-neglect. She defined “self-neglect” as “behavior that results in an elder’s inability or refusal to provide sufficient resources to meet his or her daily basic needs.” A primary etiology for self neglect is untreated mental illness and secondarily, substance abuse. Commonly observed behaviors comprise extreme hoarding and collecting, the mismanagement of pets and animals, disregard for hygiene and residences unfit for human habitation. Untreated conditions leading to these behaviors include bi-polar disorder, depression, obsessive-compulsive disorder, dementia, and schizophrenia. Research conducted in Illinois in the mid-1980s estimated that approximately fifty percent of reviewed cases of elder abuse could be categorized as self-neglect. Of these, fifty-percent are estimated to be attributed to mental illness. Illinois’ Elder Abuse and Neglect Act does not mandate protective and supportive services for victims of self-neglect. Self neglect is an aging issue, an abuse issue, a systems problem, and most notably a mental health issue. Solutions must address at least these four domains. Self neglect needs to be folded into a multiplicity of existing systems in Illinois and nationwide. Elder abuse legislation must recognize self neglect as an area of abuse. Assessment tools need to be designed to capture this information. Elder abuse teams require training to identify self neglect and build skills to provide comprehensive services. The intervention approach must be patterned after a social service mental health model. The Department on Aging and the Department of Human Services Division of Mental Health need to create contractual arrangements so mental health agencies with aging experience can receive funding to serve this clientele. There must be training for the community mental health network in the areas of aging and self neglect. All programs need to be staffed with qualified professionals. Supportive services such as transportation and legal services must be provided. Services must be available in urban and rural areas and must be culturally competent. There must be adequate funding for elder abuse units to serve self-neglecting individuals. We must create a collaborative model and develop a research evaluation protocol to track self neglect cases and promote best practices.

Addressing Substance Abuse and the Older Adult

Rick Alonzo, Specialist, HIV/Aging and Disabilities Programs, Illinois Department of Human Services Division of Alcohol and Substance Abuse (DASA) addressed the problems of alcohol abuse, substance abuse and medication management among older adults. Rick described the Daybreak Program, a pilot project on substance abuse and the elderly funded by DASA. The pilot is an interagency collaborative effort between a substance abuse treatment agency, Human Service Center of Peoria and the Central Illinois Agency on Aging in Peoria. It provides specialized substance abuse treatment services for older adults. Initial funding for the pilot included training for workers in the aging network and substance abuse treatment providers. Since March 2000 to June 2004, about 165 individuals 60 years of age and older have been admitted into the program for treatment. Approximately 5,600 individuals have been oriented to the Daybreak program in the Peoria area through outreach and education. The program is successful because of the outreach model used for the pilot requiring an outreach worker to make in-home visits and develop rapport with clients. A counselor who provides substance abuse treatment also serves the program by delivering specialized treatment services tailored to the needs of older adults. The program provides persistent, consumer-friendly services. The program is culturally competent and provides comprehensive assessments and consumer directed services. National data estimates that as many as 17% of older adults are affected by alcohol and prescription misuse. According to national data, Illinois is currently reaching 1,505 older individuals - about 2 percent of the affected population in Illinois – in providing substance abuse treatment services. Rick Alonzo advocated for improving the system of referrals of older adults with alcohol and prescription misuse and cross training professionals serving older adults to treat these problems.

Closing Remarks

The members of the hearing panel thanked the witnesses for their testimony and the Illinois Coalition on Mental Health and Aging and the staff of the Illinois Department on Aging for their planning and logistical support of the Solutions Forum. Participants were asked to complete evaluations of the Solutions Forum.

Adjournment

The Solutions Forum was adjourned at 10:00 a.m.

